

NOTICE OF FORM CHANGE NO. 15-84

DATE

03/16/2015

TO:

County Welfare Director
 Supply Clerk / Forms Coordinator
 Community Care Licensing District Offices
 District Attorney
 Private and Public Adoption Agencies
 Other

FROM:

Forms Management Unit

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE **CF 26 (3/14) - CalFresh Program Qualifying Drug Felon Addendum**

| | | | |
|--|--|-----------------|--|
| ORDER UNIT | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold | ESTIMATED PRICE | INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised | DATE OF FORM 3/14 | REPLACES | <input type="checkbox"/> Obsolete |
| REQUIRED FORM- | REQUIRED FORM- | | |
| <input type="checkbox"/> No Change Permitted | <input type="checkbox"/> Substitute Permitted With Prior DSS Approval <input type="checkbox"/> Recommended Form | | |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 | <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> INTERNET: <input type="checkbox"/> INTRANET: | | |

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF26.pdf>